

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097448 (1)**

1. Corporation Name

**DIRECT RESPONSE MARKETING OF ORLANDO, INC.**



Principal Place of Business

**12450 AUTOMOBILE BLVD.  
CLEARWATER FL 34622**

Mailing Address

**12450 AUTOMOBILE BLVD.  
CLEARWATER FL 34622**

2. Principal Place of Business

2a. Mailing Address

21 **7033 STAPOINT CT**  
Suite, Apt. #, etc.

26  
Suite, Apt. #, etc.

22  
City & State

27  
City & State

23 **WINTER PARK, FL**  
Zip Country

28  
Zip Country

24 **32792**

25

29

30

9. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.  
1245 COURT STREET, SUITE 102  
CLEARWATER FL 34616**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

**12/27/1995**

3a. Date of Last Report

4. FEI Number

**59-3349760**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature types done by hand or by computer and the date

NOTE: Required Agent Signature and Date

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
2. NAME	<b>GASSMAN, ALAN S</b>	
3. STREET ADDRESS	<b>12450 AUTOMOBILE BLVD.</b>	
4. CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

13.

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>W J LATVALA</b>	
7. STREET ADDRESS	<b>7033 STAPOINT CT</b>	
8. CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>	
9. TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	<b>NANCY J MILSTEAD</b>	
11. STREET ADDRESS	<b>7033 STAPOINT CT</b>	
12. CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>	
13. TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	<b>CHARLES BARNETT JR.</b>	
15. STREET ADDRESS	<b>7033 STAPOINT CT</b>	
16. CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W J Latvala*

3/29/96 813  
573 1985

CP2E034 (12/95)